

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

MUNSTER MEDICAL RESEARCH FOUNDATION, INC.

35-1107009

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>1b</b> If "Yes," was it a written policy? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  |                                     |                                     |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%                       | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.   |                                     |                                     |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization make it available to the public? . . . . .   | <input checked="" type="checkbox"/> |                                     |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .   |   | 534                           | 2,268,152.                          | 71,638.                       | 2,196,514.                        | .45                          |
| <b>b</b> Medicaid (from Worksheet 3, column a) . . . . .   |   | 42314                         | 87,680,180.                         | 55,316,116.                   | 32,364,064.                       | 6.65                         |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |   |                               |                                     |                               |                                   |                              |
| <b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .                           |   | 42848                         | 89,948,332.                         | 55,387,754.                   | 34,560,578.                       | 7.10                         |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . | 318   | 5413                          | 2,157,996.                          | 261,181.                      | 1,896,815.                        | .39                          |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   | 14  | 3861                          | 1,990,008.                          |                               | 1,990,008.                        | .41                          |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   | 3   | 950                           | 4,402,040.                          | 3,663,602.                    | 738,438.                          | .15                          |
| <b>h</b> Research (from Worksheet 7) . . . . .   | 48  | 6168                          | 1,407,274.                          | 344,047.                      | 1,063,227.                        | .22                          |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   | 47  |                               | 159,410.                            |                               | 159,410.                          | .03                          |
| <b>j</b> Total Other Benefits . . . . .  | 430   | 16392                         | 10,116,728.                         | 4,268,830.                    | 5,847,898.                        | 1.20                         |
| <b>k</b> Total. Add lines 7d and 7j . . . . .  | 430   | 59240                         | 100,065,060.                        | 59,656,584.                   | 40,408,476.                       | 8.30                         |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2018

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   | 1   |                               | 184,609.                             | 47,024.                       | 137,585.                           | .03                          |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9 Other   |   |                               |                                      |                               |                                    |                              |
| 10 Total  | 1   |                               | 184,609.                             | 47,024.                       | 137,585.                           | .03                          |

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

|  | Yes          | No |
|--|--------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .  | 1 X          |    |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .  | 2 3,361,289. |    |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . . | 3 33,613.    |    |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.  |              |    |

**Section B. Medicare**

|   |                |
|---|----------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .  | 5 217,595,890. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .   | 6 266,135,245. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .   | 7 -48,539,355. |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |                |

**Section C. Collection Practices**

|   |      |
|---|------|
| 9a Did the organization have a written debt collection policy during the tax year? . . . . .  | 9a X |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . . | 9b X |

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1                  |   |  |  |   |
| 2                  |   |  |  |   |
| 3                  |   |  |  |   |
| 4                  |   |  |  |   |
| 5                  |   |  |  |   |
| 6                  |   |  |  |   |
| 7                  |   |  |  |   |
| 8                  |   |  |  |   |
| 9                  |   |  |  |   |
| 10                 |   |  |  |   |
| 11                 |   |  |  |   |
| 12                 |   |  |  |   |
| 13                 |   |  |  |   |



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATIONLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**Community Health Needs Assessment**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .   |     | X  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .  |     | X  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):   |     |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |     |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |     |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>  |     |    |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | X   |    |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .  | X   |    |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .  |     | X  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):  |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>  |     |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .  | X   |    |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>  |     |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .   | X   |    |
| <b>a</b> If "Yes," (list url): <u>SEE PART V DISCLOSURE</u>   |     |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   |     |    |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |    |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .  |     | X  |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   |     |    |
| <b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____  |     |    |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATION

|   |   | Yes | No |
|---|---|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:   |   |     |    |
| <b>13</b>   | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:  | X   |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %  |     |    |
| <b>b</b>  | <input type="checkbox"/> Income level other than FPG (describe in Section C)  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Asset level   |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Medical indigency   |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> Insurance status  |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> Underinsurance status   |     |    |
| <b>g</b>  | <input type="checkbox"/> Residency  |     |    |
| <b>h</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>14</b>   | Explained the basis for calculating amounts charged to patients? . . . . .  | X   |    |
| <b>15</b>   | Explained the method for applying for financial assistance? . . . . .   | X   |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): |   |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |     |    |
| <b>e</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |
| <b>16</b>   | Was widely publicized within the community served by the hospital facility? . . . . .   | X   |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):  |   |     |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>   |     |    |
| <b>b</b>  | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>   |     |    |
| <b>c</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>  |     |    |
| <b>d</b>  | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>e</b>  | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |     |    |
| <b>f</b>  | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |     |    |
| <b>g</b>  | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |     |    |
| <b>h</b>  | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |     |    |
| <b>i</b>  | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations   |     |    |
| <b>j</b>  | <input type="checkbox"/> Other (describe in Section C)  |     |    |

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**Part V Facility Information** (continued)**Billing and Collections**

Name of hospital facility or letter of facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATION

|   | Yes         | No |
|---|-------------|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . . | <b>17</b> X |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                                |             |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |             |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |             |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |             |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |             |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |             |    |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |             |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .   | <b>19</b>   | X  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |             |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |             |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |             |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |             |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |             |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |             |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |             |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                    |             |    |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |             |    |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |             |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |             |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |             |    |

**Policy Relating to Emergency Medical Care**

|   | Yes         | No |
|---|-------------|----|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . | <b>21</b> X |    |
| If "No," indicate why:  |             |    |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |             |    |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |             |    |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |             |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |             |    |

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**Part V** Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATION

|           |   | Yes       | No |
|-----------|---|-----------|----|
| <b>22</b> | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.  |           |    |
| <b>a</b>  | <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period  |           |    |
| <b>b</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period  |           |    |
| <b>c</b>  | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                                  |           |    |
| <b>d</b>  | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method   |           |    |
| <b>23</b> | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .<br>If "Yes," explain in Section C. | <b>23</b> | X  |
| <b>24</b> | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .<br>If "Yes," explain in Section C.   | <b>24</b> | X  |

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**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

## PART V, SECTION B, LINE 5 - COMMUNITY STAKEHOLDERS

THE CHNA COLLECTED INPUT FROM PEOPLE REPRESENTING THE BROAD INTERESTS OF THE OVERALL COMMUNITY INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN, PUBLIC HEALTH AND RESIDENTS OF THE COMMUNITIES THE HOSPITALS SERVE. THE HEALTHCARE SYSTEM PARTNERED WITH OTHER HOSPITAL SYSTEMS, FOUNDATIONS AND NONPROFITS TO CONDUCT A RESIDENT SURVEY. DATA FROM A VARIETY OF FEDERAL, STATE AND LOCAL ENTITIES WAS ALSO REVIEWED.

FOCUS GROUPS WERE ORGANIZED THROUGHOUT LAKE COUNTY, INDIANA. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES AND TO STRATEGIZE HOW THE HOSPITALS CAN PARTNER WITH COMMUNITIES TO BUILD RESILIENCY. THESE FOCUS GROUPS FOCUSED ON GATHERING INFORMATION FROM COMMUNITY MEMBERS AND LOCAL PROFESSIONALS WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH DISPARITIES IN THE REGION. DETAILS CAN BE FOUND IN THE APPENDIX OF THE CHNA (SECTION 8).

## PART V, SECTION B, LINE 6A - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH COMMUNITY HEALTHCARE SYSTEM:

ST. CATHERINE HOSPITAL, INC.

ST. MARY MEDICAL CENTER, INC.

## FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER



**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

PART V, SECTION B, LINE 10A - IMPLEMENTATION STRATEGY WEBSITE

THE IMPLEMENTATION STRATEGY IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

COMMUNITY HOSPITAL

2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

OVERVIEW:

THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM - COMMUNITY HOSPITAL,  
ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER - CONDUCTED A  
COMMUNITY HEALTH NEEDS ASSESSMENT FOR 2019 WITH COOPERATION FROM ALL AREA  
NOT-FOR-PROFIT HOSPITALS. THE PURPOSE OF THIS STUDY WAS TO GATHER  
QUANTITATIVE AND QUALITATIVE DATA TO IDENTIFY MAJOR HEALTH CHALLENGES IN  
OUR COMMUNITIES. THE FULL COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND  
ON THE COMMUNITY HEALTHCARE SYSTEM WEBSITE.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE 2019 IMPLEMENTATION PLAN BUILDS ON THE PROGRESS AND EVER CHANGING  
HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY COMMUNITY HOSPITAL. IT  
TAKES INTO ACCOUNT THE FINDINGS OF THE 2013, 2016 AND 2019 COMMUNITY  
HEALTH NEEDS ASSESSMENTS THAT EXAMINES THE CHALLENGES AND OPPORTUNITIES  
FOR ADDRESSING HEALTH DISPARITIES AND IMPROVING THE QUALITY OF LIFE FOR  
THE RESIDENTS WE SERVE.

THE COMMUNITY HEALTH NEEDS ASSESSMENT GATHERED QUANTITATIVE AND  
QUALITATIVE DATA TO PINPOINT MAJOR HEALTH CHALLENGES AND SET A BASELINE  
FOR IMPROVEMENT IN OUR COMMUNITIES. WHILE OUR COMMUNITY CONTINUES TO LAG  
IN A NUMBER OF IMPORTANT HEALTH MEASURES, THERE WERE SOME IMPROVEMENTS  
FROM THE 2016 STUDY.

EFFORTS TO IMPROVE ACCESS TO CARE, ENGAGE PATIENTS IN MEANINGFUL  
DISCUSSIONS ABOUT LIFESTYLE CHOICES AND INCREASE PREVENTATIVE SCREENING  
OPPORTUNITIES ARE HAVING A POSITIVE EFFECT ON THE HEALTH OF THE  
COMMUNITY. THE 2019 IMPLEMENTATION PLAN BUILDS ON THESE STRATEGIES AND  
CONSIDERS NEW ONES TO DRIVE FURTHER IMPROVEMENTS.

THE FOLLOWING ISSUES WERE IDENTIFIED AS AREAS OF OPPORTUNITY IN THE  
COMMUNITY HOSPITAL SERVICE AREA:

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

. ACCESS TO HEALTH SERVICES

. CANCER

. CHRONIC KIDNEY DISEASE

. DIABETES

. FAMILY PLANNING

. HEART DISEASE & STROKE

. INJURY & VIOLENCE PREVENTION

. MATERNAL, INFANT & CHILD HEALTH

. MENTAL HEALTH & MENTAL DISORDERS

. NUTRITION, PHYSICAL ACTIVITY & WEIGHT

. SUBSTANCE ABUSE

. TOBACCO USE

. UNEMPLOYMENT & JOB TRAINING

IN DEVELOPING THESE PROGRAMS TO IMPROVE THE HEALTH OF THE COMMUNITY, EACH HOSPITAL WILL DRAW UPON ITS EMPLOYED PHYSICIAN GROUPS AS WELL AS THE EXPERTISE OF OTHER HOSPITALS AND ENTITIES WITHIN THE COMMUNITY HEALTHCARE SYSTEM.

FOR COMMUNITY HOSPITAL, VARIOUS PROGRAMS AND SERVICES ARE OFFERED TO MAKE IMPROVEMENTS IN THE HEALTH OF OUR RESIDENTS. ONE IMPORTANT ENTITY IS THE HOSPITAL'S MEDICALLY-BASED FITNESS CENTER, FITNESS POINTE®. FITNESS POINTE MAINTAINS TWO SUCCESSFUL PROGRAMS - A WORKPLACE WELLNESS PROGRAM

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND SCHOOL-AGED FITNESS ACTIVITIES. THE WORKPLACE WELLNESS PROGRAM, NEW HEALTHY ME, HAS POSITIVELY IMPACTED HEALTH BEHAVIORS OF THE HOSPITAL'S EMPLOYEES. THE SCHOOL-AGE FITNESS ACTIVITIES, FIT TRIP AND FITNESS POINTE TEEN MEMBERSHIPS, TARGET SCHOOL-AGED CHILDREN AND TEENS, ALLOWING OPPORTUNITIES TO LEARN THE VALUE OF EXERCISE AND HEALTHY EATING, WHILE INTEGRATING IT INTO THEIR DAILY LIVES. ADDITIONALLY, THE OCCUPATIONAL MEDICINE DEPARTMENT HAS BROADENED ITS OUTREACH TO CORPORATIONS AND BUSINESSES ACROSS THE SERVICE SECTOR, AS A WAY TO BRING HEALTHCARE SERVICES TO THE WORKPLACE IN OUR COMMUNITIES.

COMMUNITY HOSPITAL EXPANDED ITS OUTPATIENT SERVICES IN BOTH MUNSTER AND SCHERERVILLE WITH A NEW IMMEDIATE CARE CENTER AND NEUROSCIENCE/SPORTS MEDICINE CENTER RESPECTIVELY. ALONG WITH THE EXISTING OUTPATIENT CENTERS IN ST. JOHN AND SCHERERVILLE, RESIDENTS OF SOUTH LAKE COUNTY HAVE INCREASED ACCESS TO HEALTHCARE, PREVENTIVE SCREENINGS AND HEALTH EDUCATION.

OUR LUNG CARE AND BREAST CARE NAVIGATORS HAVE CONTINUED COLLABORATION WITH THE AMERICAN CANCER SOCIETY AND CANCER RELATED ORGANIZATIONS. THESE POSITIONS ALLOWED US TO INCREASE LUNG CANCER AND BREAST CANCER SCREENING AND EDUCATION OPPORTUNITIES. THE CARE NAVIGATORS COORDINATE CARE FOR PATIENTS ACROSS DISCIPLINES AND BEYOND HOSPITAL WALLS, ENSURING ACCESS TO NEEDED SERVICES AND MEDICAL CARE CONTINUES ONCE PATIENTS LEAVE THE

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOSPITAL. THESE EFFORTS ARE CONTRIBUTING TO IMPROVED DISEASE MANAGEMENT

AND MORTALITY RATES, SPECIFICALLY IN THE IDENTIFIED AREAS OF CANCER.

COMMUNITY HOSPITAL STAFF PROMOTES HEALTHIER LIFESTYLES THROUGH FREE

PREVENTATIVE SCREENINGS, EDUCATIONAL SESSIONS, HEALTH FAIRS AND PHYSICIAN

LECTURES IN THE COMMUNITY. TOPICS INCLUDE STROKE, HEART DISEASE, DIABETES

AND WOMEN'S HEALTH.

ADDRESSING COMMUNITY NEEDS

WHILE THE 2019 REPORT SHOWS SOME GAINS SINCE 2016 CHNA, WE ARE STILL

BELOW GOALS IDENTIFIED IN THE HEALTHY PEOPLE 2020 INITIATIVES. FOR THAT

REASON, OUR HOSPITAL WILL CONTINUE TO FOCUS ON PRIORITY AREAS: CANCER,

DIABETES, HEART DISEASE & STROKE, NUTRITION & WEIGHT STATUS AND MATERNAL,

INFANT & CHILD HEALTH. ALL OF THESE AREAS HAVE A COMMON LINK TO

MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL

SERVICES. KEY ISSUES OF CONCERNS CONTINUE TO FOCUS ON SUBSTANCE ABUSE AS

WELL AS ACCESS TO CARE. OTHER AREAS OF CONCERN INCLUDE, DIABETES,

OBESITY, HEART DISEASE, HEALTH EDUCATION AND PREVENTION. THESE AREAS

ALIGN WITH THE FOCUS AREAS CHOSEN. IN TARGETING THESE AREAS FOR HEALTH

IMPROVEMENT, THE HOSPITALS WILL SEEK TO:

. ALIGN AND RE-ALIGN RESOURCES TO FOCUS ON THESE HEALTH ISSUES.

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

. BUILD UPON DEVELOPED PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH

SCREENING AND EDUCATION INITIATIVES AS WELL AS TO TARGET AT-RISK

POPULATIONS

. EXPAND BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN

PARTICULAR, OUR EMPLOYED PHYSICIANS GROUP

. LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER

COMMUNITY GROUPS AND SEEKING GRANT FUNDING

. SEEK ADDITIONAL OPPORTUNITIES TO ACHIEVE OUR GOALS

COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE

COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN

THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:

COMMUNITY HOSPITAL SERVICE AREAS:

. ACCESS TO HEALTH SERVICES

. CHRONIC KIDNEY DISEASE

. INJURY & VIOLENCE PREVENTION

. MENTAL HEALTH & MENTAL DISORDERS

. SUBSTANCE ABUSE

. TOBACCO USE

. UNEMPLOYMENT & JOB TRAINING

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, ONE OF THE THREE HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM HAS A BEHAVIOR HEALTH PROGRAM AND HAS EXPANDED ITS OUTPATIENT SERVICES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND OFFERS A DEDICATED UNIT FOR OLDER ADULT MENTAL HEALTH PATIENTS.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF NEWBORNS - THE MOST VULNERABLE RESIDENTS.

PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE

THE FAP APPLICATION FORM IS AVAILABLE AT THIS WEBSITE ADDRESS (URL)-

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)

RAM

PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY WEBSITE

THE FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE AT THIS WEBSITE ADDRESS

(URL)-

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-program)

RAM

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 16

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> COMMUNITY SURGERY CENTER<br>801 MACARTHUR BOULEVARD<br>MUNSTER IN 46321                | OUTPATIENT SURGERY          |
| <b>2</b> COMMUNITY DIAGNOSTIC CENTER<br>10020 DONALD S. POWERS DRIVE<br>MUNSTER IN 46321        | DIAGNOSTIC CENTER           |
| <b>3</b> ST. JOHN OUTPATIENT CENTER<br>9660 WICKER AVENUE<br>ST. JOHN IN 46373                  | OUTPATIENT CENTER           |
| <b>4</b> COMMUNITY CARDIAC CARE CENTER<br>801 MACARTHUR BOULEVARD<br>MUNSTER IN 46321           | OUTPATIENT CENTER           |
| <b>5</b> FITNESS POINTE<br>9550 COLUMBIA AVENUE<br>MUNSTER IN 46321                             | REHABILITATION              |
| <b>6</b> COMMUNITY HOME HEALTH SERVICES<br>901 RIDGE ROAD<br>MUNSTER IN 46321                   | HOME HEALTH                 |
| <b>7</b> SCHERERVILLE OUTPATIENT CENTER<br>7651 HARVEST DRIVE<br>SCHERERVILLE IN 46375          | OUTPATIENT CENTER           |
| <b>8</b> STRUCTURAL HEART AND VALVE CENTER<br>9034 COLUMBIA AVENUE<br>MUNSTER IN 46321          | OUTPATIENT CENTER           |
| <b>9</b> COMMUNITY MOB CAMPUS GI STE 300<br>801 MACARTHUR BOULEVARD STE 300<br>MUNSTER IN 46321 | OUTPATIENT CENTER           |
| <b>10</b> COMMUNITY GI LAB STE 301<br>801 MACARTHUR BOULEVARD STE 301<br>MUNSTER IN 46321       | OUTPATIENT CENTER           |

Schedule H (Form 990) 2018



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> COMMUNITY NEURODIAGNOSTICS<br>801 MACARTHUR BOULEVARD STE 403<br>MUNSTER IN 46321        | OUTPATIENT CENTER           |
| <b>2</b> COMMUNITY ANTICOAGULATION CLINIC<br>9054 COLUMBIA AVENUE STE A<br>MUNSTER IN 46321       | OUTPATIENT CENTER           |
| <b>3</b> LAKE BUSINESS CENTER<br>9200 CALUMET AVENUE STE N502<br>MUNSTER IN 46321                 | OUTPATIENT CENTER           |
| <b>4</b> COMMUNITY AUDIOLOGY OFFICE<br>9046 A COLUMBIA AVENUE<br>MUNSTER IN 46321                 | OUTPATIENT CENTER           |
| <b>5</b> COMMUNITY WOUND CLINIC<br>801 MACARTHUR BOULEVARD STE 401<br>MUNSTER IN 46321            | OUTPATIENT CENTER           |
| <b>6</b> COMMUNITY SLEEP DIAGNOSTICS<br>10110 DONALD S. POWERS DRIVE STE 201B<br>MUNSTER IN 46321 | OUTPATIENT CENTER           |
| <b>7</b>  |                             |
| <b>8</b>  |                             |
| <b>9</b>  |                             |
| <b>10</b>   |                             |

Schedule H (Form 990) 2018

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C-FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY:

IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY,

INSURANCE STATUS AND UNDERINSURANCE STATUS WERE USED IN DETERMINING

ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY

BENEFIT REPORT. COMMUNITY HOSPITAL MAKES ITS 990 AVAILABLE TO THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED

FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE

INCREASED HAF REIMBURSEMENT. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT (LINE 3) - THIS CATEGORY CAN INCLUDE "DISASTER

READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS READINESS

TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ENTITIES." EXPENSES AND REVENUES RELATING TO THE BIO-TERRORISM DEPARTMENT

OF THE HOSPITAL HAVE BEEN INCLUDED IN THIS CATEGORY.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST  
REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS  
ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS  
REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE  
REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD  
DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED  
NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE  
COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL  
WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE  
RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS  
NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE  
ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS'  
UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES  
PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS  
WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS,  
THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO  
UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL  
REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH  
CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST  
THE ALLOWANCE FOR BAD DEBTS.

PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:  
WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY  
FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE,  
QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE

**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST  
ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:

COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED  
FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES  
BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS  
RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL  
ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A  
FINANCIAL ASSISTANCE REVIEW.

2. NEEDS ASSESSMENT

THE MOST RECENT CHNA WAS CONDUCTED IN 2019 AND IS AVAILABLE ON THE  
FOLLOWING WEBSITE:

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, COMMUNITY

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HOSPITAL CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO

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AVAILABLE ON OUR WEBSITE.

#### 4. COMMUNITY INFORMATION

LOCATED IN MUNSTER, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING MUNSTER TO THE STATE OF INDIANA:

|  | MUNSTER | INDIANA |
|--|---------|---------|
| PERSONS UNDER 18 YEARS, PERCENT, 2010              | 20.8%   | 23.4%   |
| PERSONS 65 YEARS AND OVER, PERCENT, 2010           | 19.4%   | 15.8%   |
| WHITE ALONE, PERCENT, 2010 (A)                     | 84.2%   | 85.1%   |
| BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A) | 3.0%    | 9.8%    |
| HISPANIC OR LATINO, PERCENT, 2010 (B)              | 14.5%   | 7.1%    |
| WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010 | 76.4%   | 78.9%   |
| HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2013-2017 | 94.7%   | 88.3%   |
| BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2013-2017    | 42.7%   | 25.3%   |

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|                                    |          |          |
|------------------------------------|----------|----------|
| MEDIAN HOUSEHOLD INCOME, 2013-2017 | \$78,251 | \$52,182 |
|------------------------------------|----------|----------|

|  |      |       |
|--|------|-------|
| PERSONS IN POVERTY, PERCENT, 2013-2017 | 4.8% | 13.1% |
|--|------|-------|

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE

CATEGORIES

#### 5. PROMOTION OF COMMUNITY HEALTH

COMMUNITY HOSPITAL IS COMMITTED TO PROVIDING EXPERT MEDICAL CARE TO NORTHWEST INDIANA RESIDENTS BY INVESTING IN ADVANCED TECHNOLOGIES, INNOVATIVE TREATMENTS AND SPECIALTY TRAINED STAFF. THE HOSPITAL UTILIZES MULTIDISCIPLINARY TEAMS OF HEALTH PROFESSIONALS AND SHARED GOVERNANCE AMONG THE NURSING STAFF FOR INCREASED COLLABORATION AND ACCOUNTABILITY IN PATIENT CARE. THESE EFFORTS HAVE LED TO THE ACHIEVEMENT OF NUMEROUS QUALITY AWARDS AND ACCREDITATIONS, RECOGNIZING COMMUNITY HOSPITAL'S CONSISTENT EXCELLENCE IN PATIENT OUTCOMES AND EXPERIENCES.

COMMUNITY HOSPITAL OPERATES AS A PART OF THE COMMUNITY HEALTHCARE SYSTEM,



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WHICH INCLUDES ST. CATHERINE HOSPITAL, INC. IN EAST CHICAGO, INDIANA AND

ST. MARY MEDICAL CENTER, INC. IN HOBART, INDIANA.

LETTER FROM THE CEO

WE ARE COMMITTED TO MEETING THE NEEDS OF OUR COMMUNITY AND PROVIDING HIGH  
QUALITY, COMPASSIONATE CARE WITH THE FINEST TECHNOLOGY AND SERVICES  
AVAILABLE TODAY. AT COMMUNITY HOSPITAL, WE ARE LEADING THE WAY IN  
TREATING COMPLEX STROKE WITH OUR ELITE DESIGNATION AS A COMPREHENSIVE  
STROKE CENTER SERVING ALL OF NORTHERN INDIANA. WITH OUR ONGOING  
COMMITMENT TO QUALITY AND EXPERTISE, WE HAVE MADE INVESTMENTS IN NEW  
TECHNOLOGIES USED FOR THE DETECTION AND TREATMENT OF STROKE, HEART  
DISEASE, CANCER AND OTHER CONDITIONS. THESE INCLUDE, AN ADVANCED HYBRID  
SURGICAL SUITE TO PERFORM MINIMALLY INVASIVE VALVE REPLACEMENT SURGERIES  
INCLUDING TAVR. OUR DA VINCI® ROBOTIC SURGICAL SYSTEMS ARE USED BY  
PHYSICIANS TO PERFORM SURGERY, INCLUDING THORACIC SURGERIES, THROUGH TINY  
INCISIONS, RESULTING IN FEWER COMPLICATIONS, LESS BLOOD LOSS AND A

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QUICKER RECOVERY. THE TRUEBEAM RADIATION THERAPY SYSTEM GIVES PATIENTS A  
BROADER RANGE OF TREATMENT OPTIONS AND THE BEST CHANCE FOR TUMOR CONTROL  
AND REMOVAL WITH THE LEAST DAMAGE TO NEARBY HEALTHY TISSUE. OUR 3T MRI  
OFFERS BETTER CLARITY AND PRECISION IMAGING FOR COMPLEX BRAIN AND SPINE  
CONDITIONS.

OUR WOMEN'S DIAGNOSTIC CENTERS OFFER 3D MAMMOGRAPHY TO DIAGNOSE CANCER AT  
EARLY STAGES AND DELIVERS RESULTS TO OUR PATIENTS THE SAME DAY TO EASE  
THEIR MIND. OUR BREAST CARE PROGRAM IS ACCREDITED BY THE NATIONAL  
ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC), AND OFFERS THE FULL  
SPECTRUM OF PREVENTION, DIAGNOSIS, TREATMENT, RESEARCH, SUPPORT AND  
COMPLEMENTARY THERAPY OPTIONS. WE ALSO OFFER A HIGH RISK BREAST CLINIC  
THAT PROVIDES INDIVIDUALIZED RECOMMENDATIONS FOR PREVENTION AND  
SURVEILLANCE FOR WOMEN AT INCREASED RISK FOR BREAST CANCER.

WE ARE ALWAYS CHALLENGING OURSELVES ON WAYS TO MAKE THE HEALTHCARE  
EXPERIENCE BETTER FOR OUR PATIENTS, PHYSICIANS AND STAFF. COMMUNITY  
HEALTHCARE SYSTEM HOSPITALS AND OUTPATIENT CENTERS UTILIZE EPIC, A

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COMPUTERIZED HEALTH INFORMATION SYSTEM THAT AUTOMATES ALL ASPECTS OF THE  
HEALTHCARE PROCESS FROM REGISTRATION TO CLINICAL DOCUMENTATION TO  
MEASURING OUTCOMES. THE EPIC SYSTEM HELPS OUR STAFF DELIVER MORE  
EFFICIENT AND SAFER CARE TO OUR PATIENTS.

HOSPITAL HISTORY

COMMUNITY HOSPITAL IN MUNSTER, INDIANA, IS A NOT-FOR-PROFIT,  
NON-SECTARIAN, ACUTE CARE FACILITY RECOGNIZED FOR MEETING THIS NATION'S  
HIGHEST HEALTH CARE STANDARDS. THE JOINT COMMISSION ON ACCREDITATION OF  
HEALTH CARE ORGANIZATIONS HAS AWARDED COMMUNITY HOSPITAL ACCREDITATION  
WITH COMMENDATION, ITS HIGHEST HONOR, RECOGNIZING THE HOSPITAL'S  
EXEMPLARY PERFORMANCE.

COMMUNITY HOSPITAL HAS MORE ADMISSIONS THAN ANY SINGLE HOSPITAL IN LAKE  
COUNTY, INDIANA. COMMUNITY HOSPITAL HAS BEEN AWARDED NUMEROUS NATIONAL  
ACCREDITATIONS AND RECOGNITIONS FOR THE QUALITY OF CARE TO THE COMMUNITY.

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THIS UNMATCHED RECORD OF QUALITY HEALTH CARE IS BACKED BY SOME OF THE  
AREA'S MOST RESPECTED MEDICAL PROFESSIONALS AND SOME OF THE MOST ADVANCED  
MEDICAL TECHNOLOGY AVAILABLE.

THE 458-BED HOSPITAL HAS A MEDICAL STAFF OF MORE THAN 600 PHYSICIANS.  
COMMUNITY HOSPITAL OPERATES AMONG ITS SERVICES A 24-HOUR EMERGENCY  
DEPARTMENT, INTENSIVE CARE, INTERMEDIATE CARE, ADVANCED CARDIOVASCULAR  
SERVICES, NEUROSURGERY INCLUDING DEEP BRAIN STIMULATION, PEDIATRICS,  
OBSTETRICS AND NEONATAL UNITS, COMMUNITY ONCOLOGY CENTER, WOMEN'S  
DIAGNOSTIC CENTER, REHABILITATION CENTER, ORTHOPEDICS UNIT AND SAME DAY  
OUTPATIENT SURGERY.

IN NOVEMBER 1998, THE HOSPITAL OPENED FITNESS POINTE, A HEALTH CLUB  
FACILITY THAT ENCOMPASSES GENERAL FITNESS, HEALTH AND WELLNESS EDUCATION  
AND SUPPORT, PHYSICAL THERAPY AND SPORTS MEDICINE. THIS UNIQUE,  
MEDICALLY-BASED FITNESS FACILITY FURTHERS THE HOSPITAL'S MISSION TO  
IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY.

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THE FIRST PATIENT WAS ADMITTED TO COMMUNITY HOSPITAL ON SEPT. 11, 1973,  
AT WHICH TIME IT WAS A 104-BED MEDICAL SURGICAL FACILITY. TODAY, THE  
NOT-FOR-PROFIT HOSPITAL IS THE AREA'S BUSIEST, OPERATING THE LARGEST  
HEART AND CANCER PROGRAMS AS WELL AS DELIVERING THE MOST BABIES IN THE  
AREA EACH YEAR. COMMUNITY HOSPITAL CONTINUES TO INVEST RESOURCES TO  
ASSEMBLE AN IMPRESSIVE NETWORK OF HEALTH CARE SERVICES THAT SPAN THE  
ILLNESS-TO-WELLNESS SPECTRUM.

MISSION, VISION AND VALUES

MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST  
QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF  
THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING  
THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.

VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED  
ACROSS THREE HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS -

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COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO;  
AND ST. MARY MEDICAL CENTER IN HOBART - AND MANY OUTPATIENT CLINICS AND  
PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC  
TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL  
AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY  
HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM  
IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON  
OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY,  
AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND  
EMPLOYEES.

VALUES:

DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND  
DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.

COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE  
AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING

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EXPECTATIONS.

COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY

WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND

HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL

SERVICES, EDUCATION AND PREVENTION.

QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO,

WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS

EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.

STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE

HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS

OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL

ASSETS.

THE DESIGNATED POPULATION THAT COMMUNITY HOSPITAL IS FOCUSING ON INCLUDES

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THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE  
AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN  
IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES,  
HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE INCIDENCE  
OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES,  
AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A  
COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION  
AND ACCESS TO MEDICAL SERVICES. COMMUNITY HOSPITAL HAS INVESTED GREATLY  
IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING  
PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE  
ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN  
PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY  
BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE  
DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR  
RISKS.

ANNUAL PROGRESS REPORT



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A. THE COMMUNITY HOSPITAL FITNESS POINTE®

THE GOAL OF FITNESS POINTE® IS TO PROVIDE OPPORTUNITIES FOR PERSONS OF NORTHWEST INDIANA TO IMPROVE AND MAINTAIN THEIR HEALTHY LIFE-STYLE HABITS, LOWERING THEIR RISKS FOR HEART DISEASE, STROKES, AND DIABETES. THE FACILITY WAS DEVELOPED TO ADDRESS FINDINGS OF OUR 1995 HEALTH NEEDS ASSESSMENT THAT IDENTIFIED OPPORTUNITIES TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. COMMUNITY HOSPITAL OPENED FITNESS POINTE® ON NOVEMBER 1, 1998. THE APPROXIMATE 73,000 SQUARE FOOT FACILITY HOUSES THE HOSPITAL'S OUTPATIENT PHYSICAL THERAPY, DIZZINESS AND SPINAL THERAPY, OUTPATIENT DIETARY COUNSELING, NEW HEALTHY ME AND THE FITNESS POINTE® DEPARTMENTS. FITNESS POINTE® PROGRAMS ADDRESS HEALTH EDUCATION/WEELLNESS, AND FITNESS-RELATED CONTENT AREAS. THE COMMUNITY EDUCATION OFFERINGS AND THE CONTRIBUTIONS OF THE HOSPITAL EMPLOYEES AND MEDICAL STAFF ARE VITAL PIECES IN ADDRESSING THE HEALTH DISPARITIES IN LAKE COUNTY, SUPPORTING A VARIETY OF DISEASE PREVENTION GOALS. MANY OF THE COMMUNITY EDUCATION CLASSES ORIGINALLY DEVELOPED AT FITNESS POINTE ARE NOW ALSO OFFERED AT COMMUNITY HOSPITAL OUTPATIENT CENTRE IN ST. JOHN, VALPARAISO HEALTH

**Part VI** Supplemental Information

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CENTER, CANCER RESOURCE CENTER, VALPARAISO YMCA AND PORTAGE YMCA, FURTHER  
EXPANDING THE SCOPE OF SERVICES.

HEALTH EDUCATION/ WELLNESS SERVICES - THE COMMUNITY HEALTH NEEDS

ASSESSMENT INDICATED LAKE COUNTY RESIDENTS HAVE INCREASED RISK FOR HEART  
DISEASE AND CANCER COMPARED TO STATE AND NATIONAL STATISTICS. A VARIETY  
OF HEALTH EDUCATION AND WELLNESS PROGRAMS ARE OFFERED TO THE COMMUNITY AT  
LITTLE OR NO CHARGE TO IMPROVE KNOWLEDGE AND AWARENESS OF LIFE-STYLE  
RELATED RISKS FOR THESE DISEASES. FITNESS POINTE® PROVIDES A SUPPORTIVE  
ENVIRONMENT FOR AREA RESIDENTS TO MAINTAIN HEALTHY HABITS. RESEARCH  
INDICATES CERTAIN INDIVIDUALS ARE AT GREATER RISK FOR LIFE-STYLE RELATED  
DISEASES SUCH AS HEART DISEASE AND DIABETES BASED ON PHYSICAL MEASURES.  
FITNESS POINTE® SCREENINGS FOR THESE RISKS DURING MANDATORY FITNESS  
PROFILES ARE PERFORMED ON ALL NEW PROGRAM PARTICIPANTS. IN A STUDY IN  
CONJUNCTION WITH VALPARAISO UNIVERSITY AND THE HEART CENTER AT COMMUNITY  
HOSPITAL, FITNESS POINTE® IDENTIFIED INDIVIDUALS AT A SIGNIFICANTLY  
INCREASED RISK FOR DIABETES AND HEART DISEASE AND INVITED THOSE AT THE  
HIGHEST RISK LEVELS FOR HEART DISEASE AND DIABETES TO UNDERGO ADDITIONAL

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SCREENING FOR BLOOD CHOLESTEROL, BODY MASS INDEX AND BLOOD PRESSURE. SOME OTHERS AT MODERATE TO HIGH RISK WERE TARGETED, THROUGH ADDITIONAL SCREENING AND LIFE-STYLE MODIFICATION, FOR INTERVENTION TO REDUCE THEIR RISK OF DISEASE. WITH 25% OF WHITE CHILDREN AND 33% OF AFRICAN AMERICAN AND HISPANIC CHILDREN BEING OVERWEIGHT ACCORDING TO 2001 STATISTICS, FITNESS POINTE HAS DEVELOPED PROGRAMS TO HELP ADDRESS THIS ISSUE. "FIT TRIP" IS A PROGRAM THAT BRINGS 1ST-3RD GRADE STUDENTS TO FITNESS POINTE FOR A 90 MINUTE INTRODUCTION AND EXPERIENCE WITH DIFFERENT TYPES OF EXERCISE COMBINED WITH BASIC NUTRITION TIPS. "TAKE 5 FOR LIFE" IS A PROGRAM DEVELOPED FOR 5TH GRADERS TO TEACH GOOD HEALTH, NUTRITION AND FITNESS HABITS WITHIN THE SCHOOL SETTING, AS WELL AS TO ENCOURAGE ACTIVITY. BASED ON THE HEALTH NEEDS AND INTERESTS OF THOSE PROGRAM ATTENDEES, PROGRAMS WERE DEVELOPED IN THE AREAS OF: WOMEN'S HEALTH, NUTRITION AND HEALTHY COOKING, RELAXATION, WEIGHT MANAGEMENT, SENIOR HEALTH, BACK AND OTHER ORTHOPEDIC HEALTH ISSUES, DIABETES MANAGEMENT, CANCER AWARENESS AND PREVENTION, HEART DISEASE RISK FACTOR AWARENESS AND SCREENING, MENTAL HEALTH, AND SMOKING CESSATION. THROUGH THE COLLABORATIVE EFFORTS OF THE COMMUNITY HOSPITAL'S WELLNESS SERVICES,

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PUBLIC RELATIONS, DIETARY SERVICES THERAPY, REHABILITATION, EDUCATION  
DEPARTMENT, NURSING SERVICES AND OTHERS, A QUARTERLY COMMUNITY EDUCATION  
CALENDAR CALLED "TAKE CARE!" IS CREATED. THE CALENDAR IS DISTRIBUTED TO  
MORE THAN 75,000 HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA, AND TO  
COMMUNITY CENTERS, PHYSICIAN OFFICES, LIBRARIES AND OTHER PUBLIC  
LOCATIONS. IT FEATURES EDUCATIONAL AND SUPPORT PROGRAMS DESIGNED TO  
IMPROVE THE PHYSICAL, MENTAL, SAFETY, NUTRITIONAL AND SOCIAL WELL-BEING  
OF THE COMMUNITY.

WELLNESS EDUCATION PROGRAM AREAS

1. HEART DISEASE-RELATED PROGRAMMING INCLUDES ONGOING DAILY BLOOD  
PRESSURE SCREENING BY THE EXERCISE STAFF, BLOOD PRESSURE SCREENING  
OFFERED DURING PERIODIC EVENTS, A COMPREHENSIVE SERIES ABOUT CHOLESTEROL  
THAT INCLUDES A SCREENING AND EDUCATION ON CHOLESTEROL MANAGEMENT,  
SMOKING CESSATION CLASS, A STROKE AWARENESS LECTURE, A PRESENTATION ON  
NEW ADVANCED GENETIC TESTING FOR HEART DISEASE, PERIPHERAL ARTERIAL  
DISEASE SCREENINGS, AND A CLASS THAT HELPS INDIVIDUALS MAINTAIN THEIR

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HEALTH WHILE ON HEART MEDICATIONS. HEART DISEASE-RELATED SUPPORT GROUPS  
INCLUDE A HEART FAILURE SUPPORT GROUP, A GROUP FOR WOMEN WITH HEART  
DISEASE, AND MENED HEARTS - A NATIONAL ORGANIZATION WHERE SEASONED HEART  
DISEASE PATIENTS VISIT NEWLY DIAGNOSED PATIENTS IN THE HOSPITAL AFTER  
SURGERY OR A PROCEDURE. OTHER COMMUNITY PROGRAMS RELATED TO THE HEART  
INCLUDED HOW TO RAISE A HEART-SMART CHILD, PROPER NUTRITION FOR LOWERING  
CHOLESTEROL, INFANT-CHILD CPR, DIABETES AS IT RELATES TO THE HEART, AND A  
SERIES OF PROGRAMS FOR WOMEN AND HEART DISEASE.

2. CANCER AWARENESS AND PREVENTION PROGRAMS INCLUDE: A DAY OF CANCER  
AWARENESS WITH SKIN CANCER SCREENINGS AND A VAST PUBLIC AWARENESS  
CAMPAIGN ABOUT THE LATEST ADVANCES IN PROSTATE CANCER DETECTION AND  
TREATMENT, INCLUDING THE VALUE OF EARLY DETECTION AND FREE SCREENING  
SESSIONS. THE COMMUNITY CANCER RESEARCH FOUNDATION LAUNCHED THE CANCER  
RESOURCE CENTRE, WHICH HOSTS A VARIETY OF FREE PROGRAMS, CLASSES AND  
SUPPORT GROUPS ABOUT LIVING WITH CANCER. A SPECIAL SEGMENT OF CLASSES WAS  
BORN WITH THE OPENING OF THE CANCER RESOURCE CENTRE - A SUPPORT PROGRAM  
OF THE COMMUNITY CANCER RESEARCH FOUNDATION. HERE, THOSE FACING CANCER

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ATTEND FREE CLASSES SUCH AS YOGA, BREATHING THROUGH PAIN, LEARNING ABOUT  
COMPLEMENTARY THERAPIES, AND A VARIETY OF SUPPORT GROUPS.

3. DIABETES EDUCATION EFFORTS HAVE EXPANDED TO INCLUDE DIABETES  
MANAGEMENT CLASSES IN CONJUNCTION WITH EXERCISE. THIS IS IN ADDITION TO A  
BASIC DIABETES EDUCATION CLASS AND A DIABETES MANAGEMENT CLASS CERTIFIED  
BY THE AMERICAN DIABETES ASSOCIATION.

4. SENIOR TOPICS OFFERED AT FITNESS POINTE® INCLUDE FALL PREVENTION,  
UNDERSTANDING MANAGED CARE, UNDERSTANDING ADVANCED DIRECTIVES,  
UNDERSTANDING HOSPICE AND MEDICARE BENEFITS, HELP WITH DIZZINESS, MAKING  
SENSE OF MEDICAL TECHNOLOGY, MEDICATION SAFETY, URINARY INCONTINENCE  
PRESENTATION, A GRANDPARENT CLASS, AND A PROGRAM ON OSTEOPOROSIS.

5. ORTHOPEDIC PROGRAMS INCLUDE ARTHRITIS, TENDONITIS AND BURSITIS  
RECOGNITION AND MANAGEMENT, PREVENTION OF NECK AND LOW BACK PAIN,  
ATHLETIC FOOT AND ANKLE PROBLEMS, THE CARE AND TREATMENT OF KNEE, HIP,  
FOOT AND SHOULDER PROBLEMS, CERVICAL AND LUMBAR DISK PROBLEMS, A FALL

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PREVENTION AND BALANCE SCREENING PROGRAM, AND SPORTS INJURY PREVENTION.

6. NUTRITION PROGRAMS INCLUDE INDIVIDUAL NUTRITIONAL COUNSELING WITH A REGISTERED DIETICIAN, GROUP WEIGHT MANAGEMENT PROGRAMS, LUNCH & LEARN COOKING DEMONSTRATIONS, A CLASS ABOUT EMOTIONAL EATING, AND A CLASS ABOUT FAD DIETS AND PROPER NUTRITION.

7. MENTAL HEALTH RELATED PROGRAMS INCLUDE RELAXATION, STRESS MANAGEMENT, BREATHING EXERCISES, PROGRAMS ON COMPLIMENTARY THERAPIES, RECOGNIZING AND UNDERSTANDING DEPRESSION, AND LIFE MAPPING.

8. WOMEN'S WELLNESS PROGRAMS INCLUDE PRE-AND POST-NATAL EXERCISE, A SERIES ABOUT NUTRITION, SCREENING AND TREATMENT RELATED TO OSTEOPOROSIS, A COMPLETE HEALTH RETREAT FOR WOMEN, FIBROMYALGIA, GENETIC LINKS AND TESTING FOR CANCER, HORMONE REPLACEMENT THERAPY, STRENGTH TRAINING FOR WOMEN, AND HEADACHES IN WOMEN.

9. FAMILY HEALTH PROGRAMS INCLUDE A PRENATAL CLASS, SIBLING CLASS,

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TAKING CARE OF BABY, KEEPING BABY SAFE AND HEALTHY, INFANT GROWTH AND DEVELOPMENT, FAMILY AND FRIENDS CPR, BREAST FEEDING CLASSES AND LACTATION CONSULTATIONS, LAMAZE, TEEN CHILDBIRTH EDUCATION, GRANDPARENT EDUCATION, FILMS ABOUT CESAREAN SECTIONS, POISON PREVENTION AND TREATMENT, ASK THE PEDIATRICIAN AND HOW TO RAISE A HEART-SMART CHILD, AND A PARENT SUPPORT GROUP.

PARTICIPATION IN HEALTH EDUCATION/WEELLNESS PROGRAMS RANGES FROM AN AVERAGE OF 300-350 ATTENDEES A MONTH. APPROXIMATELY 20-30% OF THESE ATTENDEES ARE MEMBERS OF THE FITNESS POINTE® FACILITY WHILE 70-80% ARE NON-MEMBERS FROM THE GENERAL COMMUNITY. FITNESS PROGRAM AREAS - THE AMERICAN HEART ASSOCIATION RECOGNIZES THE LACK OF REGULAR PHYSICAL EXERCISE AS A MAJOR RISK FACTOR FOR HEART DISEASE. REGULAR EXERCISE IS ASSOCIATED WITH BETTER HEART HEALTH, MENTAL WELL-BEING, WEIGHT MANAGEMENT, CANCER PREVENTION, DIABETES CONTROL, LOW BACK PAIN PREVENTION/RELIEF AND OTHER LIFESTYLE-RELATED DISEASES. FITNESS POINTE®'S GENERAL FITNESS MEMBERSHIP PROGRAM OFFERS A VARIETY OF EXERCISE PROGRAM



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OPTIONS DESIGNED TO MEET THE INDIVIDUAL NEEDS. INDIVIDUALS FROM THE  
COMMUNITY WHO TAKE ADVANTAGE OF THE GENERAL FACILITY MEMBERSHIP PROGRAM  
INCLUDE TRANSFERS FROM CARDIAC REHABILITATION AND PHYSICAL THERAPY, AND  
THOSE REFERRED BY THEIR PERSONAL PHYSICIAN. IN ADDITION, MANY ARE  
CORPORATE CUSTOMERS INTERESTED IN ENCOURAGING HEALTHIER EMPLOYEES, OR  
INDIVIDUALS LOOKING FOR AN OPPORTUNITY TO IMPROVE THEIR HEALTH ON THEIR  
OWN OR WITH A FRIEND OR FAMILY MEMBER. PRIOR TO USE OF THE FACILITY,  
INDIVIDUALS ARE SCREENED BY AN EXERCISE SPECIALIST TO DETERMINE MEDICAL  
OR PHYSICAL LIMITATIONS AND PRECAUTIONS. MEASUREMENTS COLLECTED ON  
PARTICIPANTS INCLUDE ENDURANCE, BODY COMPOSITION, RESTING BLOOD PRESSURE,  
FLEXIBILITY AND A HISTORY OF MEDICAL INFORMATION AND LIFESTYLE HABITS. AN  
INDIVIDUALIZED PROGRAM OF CARDIOVASCULAR CONDITIONING, MUSCULAR TRAINING  
AND FLEXIBILITY EXERCISES IS DEVELOPED BASED ON THE INDIVIDUAL INTERESTS  
AND NEEDS. GROUP EXERCISE CLASSES ARE CONDUCTED ON A WEEKLY BASIS AT  
FITNESS POINTE®. CLASSES INCLUDE TRADITIONAL LOW IMPACT, REGULAR AND STEP  
AEROBICS, WATER AEROBICS, YOGA, REIKI, PILATES, ROWING, CYCLING,  
RELAXATION/STRETCHING, ETC. ALL CLASSES ARE AVAILABLE TO MEMBERS. CLASSES  
ALSO ARE OFFERED ON HOW TO EXERCISE AT HOME, INCLUDING FITNESS AT HOME,

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PILATES AT HOME, AWESOME ABS, AND YOGA AT HOME. MANY CLASSES ARE ALSO  
OPEN TO NON-MEMBERS FROM THE COMMUNITY. THESE INCLUDE: A) AWESOME ABS,  
B) FITNESS AT HOME, C) FITNESS INSTRUCTOR TRAINING, D) TEENS GET FIT, E)  
WOMEN'S FITNESS EXPRESS, F) INTRODUCTION TO BASIC SELF DEFENSE AND SELF  
DEFENSE II, G) PILATES AT HOME, H) YOGA & DAILY LIFE.

IN A COOPERATIVE PROGRAM WITH THE TOWN OF MUNSTER PARKS AND RECREATION  
DEPARTMENT, GROUP EXERCISE CLASSES WERE OFFERED JOINTLY. THE MUNSTER  
POLICE DEPARTMENT OFFERS BASIC AND ADVANCED SELF DEFENSE CLASSES FOR FREE  
SEVERAL TIMES A YEAR. COMMUNITY HEALTH/FITNESS EVENTS - FITNESS POINTE®  
CELEBRATED NATIONAL GREAT AMERICAN SMOKE-OUT WITH FREE PROGRAMMING &  
INCENTIVES FOR PEOPLE TO STOP SMOKING. FITNESS POINTE® CONTINUES ITS  
PARTNERSHIPS WITH AREA UNIVERSITIES, OFFERING STAFF AND FACILITIES TO  
EDUCATE FOR COLLEGE CREDIT NUTRITION AND FITNESS STUDENTS OF PURDUE  
UNIVERSITY CALUMET AND INDIANA UNIVERSITY; AS WELL AS CLINICAL ROTATIONS  
FOR POST GRADUATE PHYSICAL THERAPISTS, BACCALAUREATE AND GRADUATE NURSES  
AND EXERCISE SCIENCE/PHYSIOLOGY STUDENTS FROM OTHER STATE UNIVERSITIES.  
FITNESS POINTE PROVIDES A NUTRITION DAY EVENT, "EAT SMART DAY" WHICH

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INCLUDES HEALTHY NUTRITION DISPLAYS, LECTURES AND DEMONSTRATIONS TO  
ENCOURAGE BETTER NUTRITION HABITS FOR THE PUBLIC. FITNESS POINTE OFFERS  
THE "NEW HEALTHY ME" PRODUCT LINE OF EMPLOYEE WELLNESS SERVICES TO  
EMPLOYEES OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS EMPLOYEES OF  
REGIONAL COMPANIES. RESULTS OF PARTICIPANTS HAVE DEMONSTRATED LOWER  
HEALTH CLAIMS FOR PARTICIPANTS.

CARDIAC REHABILITATION - OUR OWN ASSESSMENT FOUND THAT DESPITE  
SIGNIFICANT BENEFITS OF CARDIAC REHABILITATION, ONLY ABOUT 45 PERCENT OF  
OUR INPATIENT HEART SURGERY POPULATION IS REFERRED TO CARDIAC  
REHABILITATION, PHASE 2. IN RESPONSE TO THE FACT THAT THOSE WHO CONTINUE  
CARDIAC REHAB THROUGH PHASE 3 ARE LIKELY TO MAINTAIN THEIR LIFESTYLE,  
FITNESS POINTE NOW OFFERS REHAB PLUS IN PLACE OF PHASE IV CARDIAC REHAB.  
THE MED FIT PROGRAM IDENTIFIES PARTICIPANTS WITH ELEVATED RISK FACTORS  
AND ENGAGES THEM IN RISK REDUCTION PROGRAMMING. SINCE FITNESS POINTE® HAS  
OPENED, MORE THAN 625 CARDIAC REHABILITATION GRADUATES AND AN AVERAGE OF  
10 PHYSICAL THERAPY GRADUATES PER MONTH HAVE TRANSITIONED TO GENERAL  
MEMBERS. A DISCOUNT RATE IS OFFERED TO ENCOURAGE AND SUPPORT THEIR

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CONTINUED REHAB IN A GENERAL FITNESS SETTING. FITNESS POINTE® PROGRAM

STATISTICS - FITNESS POINTE® PROGRAMS AND SERVICES ARE OFFERED TO THE

PUBLIC. THE AVERAGE AGE OF PROGRAM ATTENDEES IS 49 YEARS OF AGE, WHILE

52% OF PARTICIPANTS WERE 50+ YEARS OF AGE. SINCE FITNESS POINTE® IS

INTERESTED IN MEETING NEEDS NOT ALREADY BEING MET IN THE COMMUNITY, IT IS

IMPORTANT TO NOTE THAT MORE THAN 70% OF PARTICIPANTS REPORT THEY HAVE

NEVER PREVIOUSLY BEEN A MEMBER OF A FITNESS FACILITY. FITNESS POINTE®

SERVICES RECORD MORE THAN 35,000 VISITS PER MONTH. APPROXIMATELY 2,000

INDIVIDUALS HAVE TRANSFERRED TO THE FACILITY MEMBERSHIP PROGRAM FROM

CARDIAC REHAB AND PHYSICAL THERAPY TO CONTINUE THEIR REHABILITATIVE

MAINTENANCE. SHORT TERM GOALS TO OFFER SERVICES THAT MEET THE INTERESTS

AND HEALTH NEEDS OF THE COMMUNITY: ONGOING STAFF DEVELOPMENT AND

TRAINING - TO PROVIDE THE HIGHEST QUALITY CUSTOMER SERVICE. PROVIDE THE

BEST SERVICES AT THE LOWEST POSSIBLE PRICE. CONTINUE DATABASE

DOCUMENTATION TO DETERMINE SHORT AND LONG TERM EFFECTS OF PROGRAMS.

CONTINUE INTEGRATION OF FITNESS POINTE® SERVICES WITH OTHER HOSPITAL

SERVICES TO BECOME A SIGNIFICANT PART OF THE COMMUNITY HOSPITAL CONTINUUM

OF CARE. IDENTIFY APPROPRIATE PARTNERSHIPS TO STRENGTHEN THE QUALITY AND

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SCOPE OF SERVICES OFFERED. IDENTIFY RESEARCH OPPORTUNITIES IN THE AREAS

OF HEALTH PROMOTION AND DISEASE PREVENTION.

B. PREVENTION/WELLNESS AT COMMUNITY

COMMUNITY'S PREVENTION/WELLNESS PROGRAM FOCUSES ON PROMOTING AWARENESS OF  
CARDIOVASCULAR DISEASE, REDUCING THE INCIDENCE OF HEART DISEASE AND  
IMPROVING THE QUALITY OF LIFE THROUGH AN INTEGRATED CARDIOVASCULAR HEALTH  
SERVICES DELIVERY SYSTEM. DURING THE 2016-2017 FISCAL YEAR, COMMUNITY  
CONTINUED TO OFFER VARIOUS LEVELS OF CARDIAC AND VASCULAR SCREENINGS AT A  
SUBSTANTIAL DISCOUNT. ALL LEVELS OF SCREENINGS PUT AN EMPHASIS ON  
DIRECTING THE SCREENING PARTICIPANTS TO A VARIETY OF WELLNESS PROGRAMS  
OFFERED THROUGH COMMUNITY HOSPITAL AND FITNESS POINTE®. FITNESS POINTE®  
CONTINUES TO SUPPORT THE WELLNESS PROGRAMS CREATED TO BETTER SERVE THE  
HEALTH NEEDS OF OUR COMMUNITY AND SUPPORT THE IMPORTANCE OF RISK FACTOR  
MODIFICATION THROUGH LIFE-STYLE AND BEHAVIOR CHANGES.  
THE CORONARY HEALTH APPRAISAL IS OFFERED THROUGHOUT THE COMMUNITY  
HEALTHCARE SYSTEM AT A REDUCED COST OF \$30. THIS SCREENING NOT ONLY

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MEASURES CHOLESTEROL LEVELS, HEMOGLOBIN A1C, AND BLOOD PRESSURE, BUT ALSO

EVALUATES INDIVIDUALS WHO MEET THE CRITERIA FOR METABOLIC SYNDROME.

COMMUNITY HOSPITAL CONTINUES TO OFFER THE FAST CT HEART SCAN. THIS TEST

IS SELF REFERRED AND A DOCTOR'S ORDER IS NOT REQUIRED. PARTICIPANTS PAY

\$200. THIS PROCEDURE HELPS TO DETECT HEART DISEASE IN ITS EARLIEST

STAGES.

THE PHASE 3 CARDIAC REHABILITATION STAFF CONDUCTS A MONTHLY SCREENING FOR

PERIPHERAL ARTERIAL DISEASE, OR PAD. INDIVIDUALS AT RISK FOR PAD ARE

SMOKERS, DIABETICS AND CARDIAC PATIENTS. THE SCREENING TARGETS

INDIVIDUALS WHO WOULD NEED FURTHER TESTING AND POSSIBLY INTERVENTION TO

TREAT THE DISEASE. FOLLOWING THE PUBLIC SCREENING, PARTICIPANTS ARE

EDUCATED ON THE DISEASE AND HOW TO PREVENT OR MANAGE IT. THE SCREENING

COSTS \$10. IN ADDITION, EACH SEPTEMBER, COMMUNITY HOSPITAL PARTICIPATES

IN THE STEP UP YOUR PAD AWARENESS CAMPAIGN. THIS FREE PAD SCREENING

OFFERED TO THE PUBLIC IS ONE MORE WAY WE REACH OUT TO THE COMMUNITY AND

PROVIDE A NEEDED SERVICE TO OUR POPULATION.

PHASE 3 CARDIAC REHABILITATION STAFF IS OFTEN ASKED TO TAKE BLOOD

PRESSURES OR PARTICIPATE IN OTHER WAYS WHEN OTHER HOSPITAL DEPARTMENTS

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SPONSOR HEALTH FAIRS. AS AN ADDED SERVICE, FREE OF CHARGE, THE CARDIAC

REHABIITATION STAFF OFFERS ITS FORMER MEMBERS THE OPPORTUNITY TO REVIEW

LIPIDS OR STRESS TESTS.

DIABETES SCREENINGS ARE CONDUCTED FREE OF CHARGE FOR INDIVIDUALS TO HAVE

THEIR HEMOGLOBIN A1C MEASURED. SOME INDIVIDUALS MEET THE CRITERIA FOR

DIABETES, WHILE SIGNIFICANT NUMBERS ARE FOUND TO BE PRE-DIABETIC. BASIC

INFORMATION REGARDING PRE-DIABETES WAS GIVEN AND PARTICIPANTS THAT MET

THE CRITERIA FOR DIABETES WERE INSTRUCTED TO FOLLOW-UP WITH THEIR

PHYSICIAN FOR FURTHER TESTING.

TO CONTINUE TO BETTER SERVE OUR PATIENT POPULATION, OUR CARDIOVASCULAR

RESEARCH DEPARTMENT FOCUSES ON REDUCING CARDIOVASCULAR MORBIDITY AND

MORTALITY IN OUR COMMUNITIES BY PARTICIPATING IN CLINICAL RESEARCH

INITIATIVES DESIGNED TO PROMOTE EARLY DETECTION, DIAGNOSIS AND TREATMENT

OF CARDIOVASCULAR AND PERIPHERAL VASCULAR DISEASE.

COMMUNITY HOSPITAL DOCTORS AND STAFF PRESENTED A VARIETY OF PUBLIC

LECTURES FREE OF CHARGE. THE PROGRAMS INLCUED INFORMATION ON MANAGING

AND CONTROLLING CHOLESTEROL, PAD, HEART ARRYTHMIAS, AND DIAGNOSTIC TESTS

FOR THE HEART.

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C. CANCER PROGRAM

COMMUNITY HOSPITAL CANCER PROGRAM IS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER IN THEIR "COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM" CATEGORY. APPROVAL OF OUR CANCER PROGRAM QUALIFIES COMMUNITY HOSPITAL TO PARTNER WITH THE COMMISSION ON CANCER IN THE AMERICAN CANCER SOCIETY'S NATIONAL CANCER INFORMATION AND REFERRAL PROJECT, SHARING INFORMATION ON RESOURCES AND CANCER EXPERIENCE FOR THE AMERICAN CANCER SOCIETY'S NATIONAL CALL CENTER AND WEB SITE, KEY SOURCES OF CANCER INFORMATION AND GUIDANCE FOR THE PUBLIC. THIS INDICATES THAT COMMUNITY HOSPITAL MEETS THE STANDARDS OF THE COMMISSION ON CANCER IN ORGANIZATION AND MANAGEMENT OF OUR PROGRAM ENSURING MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES. IN ADDITION, COMMUNITY HOSPITAL MEETS THEIR PERFORMANCE MEASURES FOR HIGH-QUALITY CANCER CARE. AN APPROVED PROGRAM ENSURES OUR PATIENTS RECEIVE QUALITY CARE CLOSE TO HOME AND ACCESS TO A MULTI-SPECIALTY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS. THE PROGRAM ALSO PROVIDES THE COMMUNITY WITH ACCESS TO CANCER-RELATED INFORMATION, EDUCATION AND SUPPORT, AND OFFERS LIFELONG



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PATIENT FOLLOW-UP, ONGOING MONITORING AND IMPROVEMENT OF CARE AND INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS. A REGISTRY COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS. CANCER PROGRAM LEADERSHIP USES CANCER REGISTRATION DATA INCLUDING LIFELONG FOLLOW UP TO EVALUATE CLINICAL OUTCOMES COMPARED TO THOSE IN OTHER PROGRAMS. THEY ALSO USE THE DATA TO TRACK PATTERNS OF ACCESS, CARE AND REFERRAL, ALLOCATE AND PRIORITIZE RESOURCES, AND TARGET SERVICES AND PROGRAMS TO ADDRESS THE HEALTH CARE NEEDS OF OUR SERVICE AREA. AMERICAN COLLEGE OF SURGEONS ACCREDITED CANCER PROGRAM PROVIDING A WIDE RANGE OF SERVICES TO OUR PATIENTS WITH CANCER IS THE MULTIDISCIPLINARY CANCER COMMITTEE. THIS COMMITTEE COMPOSED OF PATHOLOGISTS, SURGEONS, ONCOLOGISTS, RADIATION ONCOLOGISTS, CLINICAL AND NURSING STAFF, AND CANCER REGISTRY PERSONNEL, HOSTS WEEKLY TUMOR CONFERENCES TO REVIEW CLINICAL FINDINGS, PAST HISTORY AND RADIOLOGIC AND PATHOLOGIC TREATMENT OPTIONS. CANCER EDUCATION - CANCER EDUCATION PROGRAMS HELD OVER THE PAST YEAR INCLUDE THOSE DIRECTED AT COLON CANCER PREVENTION, BREAST SELF-EXAMINATION, THE IMPORTANCE OF PAP SMEARS, SMOKING CESSATION, AND THE IMPORTANCE OF EARLY DETECTION OF PROSTATE

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CANCER. IN ADDITION, SEVERAL NEW COMMUNITY EDUCATION PROGRAMS WERE INTRODUCED TO RAISE PUBLIC AWARENESS OF ISSUES AFFECTING THE PREVENTION AND EARLY DETECTION OF CANCER. SOME OF THESE NEW PROGRAMS ALSO HELPED MEMBERS OF THE COMMUNITY BETTER MANAGE SIDE EFFECTS FROM CANCER TREATMENTS, WHILE OTHER EFFORTS WERE DIRECTED AT HELPING PATIENTS MAKE COMPLEX TREATMENT DECISIONS. THE COMMUNITY CANCER RESEARCH FOUNDATION FORMED IN 2001 AS A SEPARATE NOT-FOR-PROFIT CORPORATION TO RAISE OUTSIDE FINANCIAL SUPPORT. THE PURPOSE OF THIS FOUNDATION IS TO REDUCE CANCER MORBIDITY AND MORTALITY IN THE COMMUNITY BY SUPPORTING AND ADVANCING CANCER DETECTION, DIAGNOSIS, TREATMENT AND EDUCATION/PREVENTION AND BY PROMOTING THE ACQUISITION OF KNOWLEDGE THROUGH CLINICAL RESEARCH. CLINICAL TRIALS OFFERED INCLUDED THOSE FOR BREAST AND COLON CANCER, MELANOMA, MULTIPLE MYELOMA AND MANY GYNECOLOGICAL CANCERS. IN THE EFFORT TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS, THE HOSPITAL MAINTAINS ASSOCIATION WITH FEDERALLY SPONSORED COOPERATIVE GROUPS TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS. SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), ONE PROGRAM IS KNOWN AS THE CANCER TRIALS SUPPORT UNIT. IT IS SUPPORTING THE DEVELOPMENT OF A

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NATIONAL NETWORK OF PATIENTS AND PHYSICIANS TO PARTICIPATE IN NCI- CANCER  
TREATMENT TRIALS. NCI HAS TAKEN STEPS THROUGH THIS PROGRAM TO BRING  
TOGETHER RESEARCH COOPERATIVES FROM AROUND THE U.S. AND CANADA. THE  
EFFORT RECOGNIZES THAT MORE PATIENTS AND PHYSICIANS COULD BECOME INVOLVED  
IN CANCER RESEARCH TRIALS WITH ADDED SUPPORT. TYPICALLY NCI RESEARCH  
COOPERATIVES OPEN TRIALS ONLY TO INDIVIDUAL MEMBERS, WHICH ARE OFTEN  
ACADEMIC INSTITUTIONS THAT CAN ACQUIRE LARGE NUMBERS OF PATIENTS AND HAVE  
THE FINANCIAL BACKING TO FACILITATE THE WORK. THROUGH THE CLINICAL TRIALS  
SUPPORT UNIT, COMMUNITY HOSPITAL GAINS ACCESS TO CLINICAL RESEARCH TRIALS  
FROM FOUR DIFFERENT RESEARCH COOPERATIVES. THE PROGRAM ALSO IS PROVIDING  
FINANCIAL ASSISTANCE AND IS WORKING TO REDUCE REGULATORY AND  
ADMINISTRATIVE BURDENS, AND TO STREAMLINE AND STANDARDIZE DATA COLLECTION  
AND REPORTING. IN ADDITION, THE HOSPITAL HAS MEMBERSHIP WITH NRG  
ONCOLOGY, A GROUP FORMED WITH THE MERGING OF THREE LARGE COOPERATIVE  
GROUPS-NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROGRAMS (NSABP),  
GYNECOLOGY ONCOLOGY GROUP (GOG) AND RADIATION THERAPY ONCOLOGY GROUP  
(RTOG). THE MERGE WAS MANDATED BY THE NATIONAL CANCER INSTITUTE IN AN  
EFFORT TO STREAMLINE RESEARCH AND TO CONCENTRATE RESOURCES IN A MORE

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EFFICIENT MANNER. THE COMMUNITY CANCER RESEARCH FOUNDATION OPENED THE  
CANCER RESOURCE CENTRE IN MUNSTER - A NON-MEDICAL RESOURCE HAVEN FOR  
THOSE SEEKING INFORMATION ABOUT CANCER. THE CENTRE HOLDS FREE COMMUNITY  
PROGRAMS AND SUPPORT/NETWORKING GROUPS, AND HAS AN EXTENSIVE LIBRARY WITH  
TWO COMPUTER TERMINALS FOR INTERNET ACCESS. THE CENTRE OPENED IN JUNE OF  
2003, AND ALL SERVICES AND PROGRAMS ARE FREE.

D. BREAST CANCER - AN ON-GOING COMMUNITY-BASED EDUCATION INITIATIVE  
CONTINUES TO IDENTIFY WOMEN WHO ARE AT HIGH RISK FOR DEVELOPING BREAST  
CANCER. A COMPUTERIZED MODEL DEVELOPED BY THE NATIONAL CANCER INSTITUTE  
WAS USED AS A BASIS FOR IDENTIFYING WOMEN AND EDUCATING THE PUBLIC ON  
FACTORS THAT MOST DIRECTLY INCREASE THE RISK OF DEVELOPING BREAST CANCER.  
IN OCTOBER 1999, COMMUNITY HOSPITAL BEGAN CONDUCTING A FREE BREAST CANCER  
RISK ASSESSMENT ON ALL MAMMOGRAPHY PATIENTS OVER THE AGE OF 35 TO  
IDENTIFY PATIENTS WHO MAY BE AT HIGH RISK FOR BREAST CANCER. A LETTER  
WAS DEVELOPED BY THE HOSPITAL TO COMMUNICATE TEST RESULTS TO PATIENTS,  
NOTIFY HIGH RISK PATIENTS OF THEIR RISK STATUS AND ADVISE VARIOUS  
TREATMENT OPTIONS THEY MAY DISCUSS WITH THEIR PHYSICIAN. THE HOSPITAL

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ALSO OFFERS FREE CONSULTATION SERVICES OF OUR NURSE PRACTITIONER/BREAST  
HEALTH NAVIGATOR AT THE WOMEN'S DIAGNOSTIC CENTER IN CONJUNCTION WITH  
THESE TEST RESULTS. APPROXIMATELY 3.4% OF THE WOMEN WHO COMPLETED THE  
BREAST RISK ASSESSMENT AT COMMUNITY HOSPITAL WERE IDENTIFIED TO HAVE A  
LIFETIME RISK ASSESSMENT OF 20% OR GREATER. THE INTENT OF THESE EFFORTS  
IS TO BETTER INFORM WOMEN OF THE RISK FACTORS THAT INCREASE THEIR CHANCES  
OF DEVELOPING BREAST CANCER AND TO PROVIDE EDUCATION ABOUT ADDITIONAL  
TREATMENT OPTIONS IF THEY ARE AT ELEVATED RISK. THE NATIONAL  
COMPREHENSIVE CANCER NETWORK AND THE AMERICAN CANCER SOCIETY RECOMMEND  
ANNUAL BREAST MRI IN ADDITION TO YEARLY MAMMOGRAPHY FOR WOMEN WHO HAVE A  
LIFETIME RISK ASSESSMENT FOR BREAST CANCER OF 20% OR GREATER. THIS  
RECOMMENDATION IS COMMUNICATED IN EACH HIGH RISK PATIENT'S REPORT AND  
PATIENT LETTER. IN ADDITION TO A BREAST MRI, PATIENTS WITH AN ELEVATED  
LIFETIME RISK FOR BREAST CANCER MAY ALSO BENEFIT FROM CONSULTATION WITH A  
MEDICAL GENETICIST AND/OR HIGH RISK BREAST CLINIC.

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP

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OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS  
CHALLENGES UNIQUE TO OUR NEIGHBORHOODS. WHEN POSSIBLE, OUR COMMUNITY  
OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE  
HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE.  
THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND  
COMFORTABLE AND CONVENIENT.

6. AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HOSPITAL IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE  
SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING  
COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE  
WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA